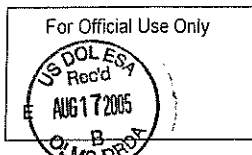


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11405</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>Thomas R McNeil, Jr.</u> P.O. Box, Bldg., Room No., if any Street <u>2500 59th Street</u> City <u>St. Louis</u> State <u>MO</u> ZIP Code + 4 <u>63110-2814</u>	4. Name, file number, and address of labor organization. Name <u>Ironworkers Local 396</u> Labor Organization File Number <u>019470</u> P.O. Box, Building and Room Number, if any Street <u>2500 59th Street</u> City <u>St. Louis</u> State <u>MO</u> ZIP Code + 4 <u>63110-2814</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Thomas R McNeil</u>	On <u>8-15-05</u> <u>314-647-3008</u> Date Telephone Number

Name of Person Filing <u>Thomas R McNeil</u>		File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: <u>GROUP HEALTH PLAN</u></p> <p>Trade Name, if any: <u>GHP</u></p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: <u>111 CORPORATE OFFICE DR.</u></p> <p>City: <u>ST. LOUIS</u></p> <p>State: <u>MISSOURI</u> ZIP Code + 4: <u>63045</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>LUNCHEON MEETING for</u> <u>\$39.00</u></p> <p><u>MEMBERSHIP MANAGEMENT</u></p> <p><u>8-12-04</u></p> <p><u>LUNCHEON MEETING YEAR</u> <u>\$39.00</u></p> <p><u>END ISSUES 12-22-04</u></p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p><u>GROUP HEALTH PLAN IS THE</u></p> <p><u>HMO PROVIDER for LOCAL</u></p> <p><u>396 MEMBERS</u></p> <p>12.b. Amount. <u>\$10,971,600.00</u></p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>13.b. Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing <u>Thomas R McNeil</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>IRON WORKERS LOCAL 396</u></p> <p>Trade Name, if any: <u>INTER. ASSOC. OF BRIDGE, STRUCTURAL ORNAMENTALLY REINFORCING IRON WORKERS</u></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>2500 5th St.</u></p> <p>City <u>St. Louis</u></p> <p>State <u>Missouri</u> ZIP Code + 4 <u>60090</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><u>BUILDING & CONSTRUCTION TRADES DEPT. OF AFL-CIO LEGISLATIVE CONFERENCE</u> <u>3-04. TRAVEL, HOTEL, PER DIEM,</u> <u>DAILY. 3-27, 3-28, 3-29, 3-30, 3-31-04</u> <u>WASHINGTON, D.C.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$1989.76</u></p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount. <u>\$3,500,000.00</u></p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>14.b. Amount of payment.</p>
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13.b. Is the Business an Employer or Consultant ?	
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Name of Person Filing <u>THOMAS R McNeil</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>AMALGA TRUST CO. INC.</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>ONE WEST MONROE</u> City <u>CHICAGO</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>60603</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>IRONWORKERS ST. LOUIS DISTRICT COUNCIL PENSION TRUST FUND</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>2160 SOUTH FOSTER AVE</u> City <u>WHEELING</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>60090</u>	11.a. Nature of such dealing. <u>DINNER MEETING WITH OVERVIEW OF FUND PROGRESS ASSOCIATED WITH INVESTMENTS. 6-23-04</u> 11.b. Approximate dollar value of such dealing. <u>\$20.00</u> 12.a. Nature of interest held or income received. <u>AMALGA TRUST CO. HANDLES A PORTION OF THE EQUITY AND FIXED PORTFOLIO INVESTMENTS IN THE IRONWORKERS PENSION FUND</u> 12.b. Amount. <u>\$24,098,297.00</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____ _____ _____
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing <u>Thomas R McNeil</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>N.W.Q INVESTMENTS MANAGEMENT CO.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>15 SOUTH FIFTH STREET, SUITE 1020</u></p> <p>City <u>MINNEAPOLIS</u></p> <p>State <u>MINNESOTA</u> ZIP Code + 4 <u>55408</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>IRON WORKERS ST. LOUIS DISTRICT COUNCIL ANNUITY FUND</u></p> <p>Trade Name, if any: <u>TEORO & ASSOCIATES, INC.</u></p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>2160 SOUTH FOSTER AVE</u></p> <p>City <u>WHEELING</u></p> <p>State <u>ILLINOIS</u> ZIP Code + 4 <u>60090</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>DISTRICT COUNCIL IRON WORKER MEETING INCLUDING TN. VALLEY, ST. LOUIS, KANSAS CITY, WASH. DC. & MINNEAPOLIS MN. PLAN OVERVIEW & FUTURE INVESTMENTS. DINNER INCLUDED 8.04</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$ 79.19</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>NWQ HANDLES THE LARGE CAP VALUE INVESTMENTS FOR THE IRON WORKERS ANNUITY PLAN.</u></p> <p>12.b. Amount. <u>\$ 11,199,441.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Thomas R McNeil	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name IRON WORKERS, ST. LOUIS DISTRICT COUNCIL</p> <p>Trade Name, if any: INTERNATIONAL ASSOC. OF BRIDGE STRUCTURAL, REINFORCING, & ORNAMENTAL IRON WORKERS</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3544 WATSON ROAD</p> <p>City ST. LOUIS</p> <p>State MISSOURI ZIP Code + 4 63139</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Ry. LAB/DISTRICT COUNCIL GENERAL MEETING. LUNCH & GOLF \$32.75 8-25-05</p> <p>DISTRICT COUNCIL GENERAL MEETING XMAS HOLIDAYS 12-14-05</p>
	<p>11.b. Approximate dollar value of such dealing. \$141.81</p>
	<p>12.a. Nature of interest held or income received.</p> <p>ST. LOUIS I.W. DISTRICT COUNCIL HEADQUARTERS. ST. LOUIS. I.W.'S LOCAL IS AN AFFILIATE</p>
	<p>12.b. Amount. \$200,000.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <u>Thomas R McNeil</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>IRON WORKERS LOCAL 396</u></p> <p>Trade Name, if any: <u>INTER. ASSOC. OF BRIDGE, STRUC. ORNAMENTAL & REINFORCING IRON WORKERS</u></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>2500 59th St.</u></p> <p>City <u>ST. LOUIS</u></p> <p>State <u>MISSOURI</u> ZIP Code + 4 <u>63110</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="radio"/> a. Labor Organization</p> <p><input type="radio"/> b. Trust</p> <p><input type="radio"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><u>DISTRICT COUNCIL MEETING /</u> <u>RY. LAKE, TRAVEL, FOOD, & LODGING</u> <u>FOR DIRM. 8/04</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u>\$495.00</u></p>
	<p>12.a. Nature of interest held or income received.</p> <p><u>IRON WORKER LOCAL 396</u> <u>ASSETS</u></p>
	<p>12.b. Amount. <u>\$3,500,000.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <u>Thomas R McNeil</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>IRON WORKERS, ST. LOUIS DISTRICT COUNCIL</u></p> <p>Trade Name, if any: <u>INTERNATIONAL ASSOC. OF BRIDGE STRUCTURAL, REINFORCING, & ORNAMENTAL IRONWORKERS</u></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>3544 WATSON RD</u></p> <p>City <u>ST. LOUIS</u></p> <p>State <u>MISSOURI</u> ZIP Code + 4 <u>63139</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><u>MO. III BRIDGE RIGHTS @ \$159.75</u> <u>SAUVIS CENTER</u> <u>12.22.04</u></p>
<p>11.b. Approximate dollar value of such dealing. <u>\$159.75</u></p>	<p>12.a. Nature of interest held or income received.</p> <p><u>ST. LOUIS I.W. DISTRICT COUNCIL</u> <u>HEADQUARTERS, ST. LOUIS, I.W.'S</u> <u>LOCAL IS AN AFFILIATE</u></p>
<p>12.b. Amount. <u>\$200,000.00</u></p>	

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>